Good oral health is vital to achieving good overall health. The public oral health care* field has long been committed to innovating and revolutionizing how oral health services are delivered to promote better individual and community-level health outcomes. However, the COVID-19 pandemic has magnified the challenges of a fragmented and siloed health system and the ramifications of racism and inequity on health outcomes, amplifying the need to make changes to ensure all individuals can equitably access affordable and innovative care. With support from the Virginia Department of Health's Maternal and Child Health Program, Virginia Health Catalyst convened the Future of Public Oral Health Taskforce, a group of representatives from oral health stakeholder groups across the Commonwealth, to build a roadmap to address these needs and opportunities. The group developed these recommendations to meet this moment and improve public oral health systems and care in the wake of COVID-19 and the inequities it amplified.

The recommendations support, amplify, and maximize technology, integration, workforce, and data opportunities to ensure all Virginians have the opportunity to access healthcare that includes oral health. The strategies are grounded in the principles of equitable access to health care, workforce support, provider and clinic resilience, patient literacy, state and federal policies, funding, and partnerships. The representatives of this taskforce are committed to addressing racial inequities and creating a future where all Virginians have equitable access to comprehensive health care that includes oral health.

This pandemic has profoundly affected oral health providers, patients, and the oral health workforce. It has also shed new light on the long-standing systemic health and social inequities that have put many people from racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19. Sometimes, it takes a crisis to lean into change. Partners across Virginia are embracing this opportunity to make overdue changes in the oral health sector and develop innovative solutions to address these challenges that will positively impact how oral health care is delivered in the Commonwealth of Virginia moving forward.

*public oral health care is defined as oral health care offered in a variety of community settings that serve Medicaid recipients and low wealth individuals

For additional questions, contact Virginia Health Catalyst, CEO Sarah Holland at sholland@vahealthcatalyst.org
Future of Public Oral Health in Virginia

Executive Summary

In the wake of the COVID-19 pandemic, Virginia Health Catalyst convened the Future of Public Oral Health Taskforce, a group of representatives from oral health stakeholder groups across the Commonwealth, to build a roadmap that addresses a fragmented and siloed health system and the ramifications of racism and inequity on health outcomes.

Taskforce Recommendations

When implemented, the following recommendations will improve public oral health systems by supporting, amplifying, and maximizing technology, integration, workforce, and data to ensure the public oral health system is equitable, patient-centered, and value-based.

I. The Oral Health Workforce Meets The Needs Of Virginians
   • Support the current workforce to promote resilience and reduce burnout
   • Maximize the existing workforce to ensure team-based, patient-centered care
   • Invest in the future workforce

II. Oral Health is a Critical Component of Overall Health
   • Increase utilization of dental and chronic disease prevention and management strategies that are patient-centered, holistic, and equity-based
   • Integrate oral health services, education, and referral across the health care system
   • Enable clinicians and frontline public health workers to address barriers to health and wellness related to social determinants of health and environmental issues
   • Ensure payment and incentives value integrated, comprehensive care that focuses on prevention

III. Data Informs Health Care Decision Making
   • Increase the use of data collection, sharing, and analysis to monitor and improve health
   • Increase the use of consistent assessment tools and data sharing across sectors
   • Incorporate an equity lens across assessment, eligibility, and survey tools to support decision-making that is equitable and patient-centered

IV. Technology is Embraced to Meet People, Patients, and Providers Where They Are
   • Increase utilization of teledentistry for emergent care, consultations, and care coordination in clinical and community settings to increase engagement and trust with the public oral health system
   • Identify and utilize technology to improve clinic efficiencies, promote data interoperability, increase patient/provider satisfaction, and utilization of services
The taskforce outlined recommendations for workforce, integration, data, technology. In addition, the recommendations include action steps to ensure the public oral health system is equitable, patient-centered, and value-based. This is a living plan; each objective is future-focused, grounded in the tenets below, and identifies specific areas of opportunity to begin our work. The objectives will expand as the work evolves.

### The Oral Health Workforce Meets The Needs Of Virginians

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| **Support the workforce to promote resilience and reduce burnout** | Current and future providers, social support workers, and their team members use tools and supports they need to be resilient individually and as a team.  
Health systems actively support employee resilience through workplace values and policies.  
Current and future providers, social support workers, and their team members understand the effects of trauma and adverse childhood experiences (ACES) may have on themselves and those they serve and are equipped with tools to support their own and their patients’ needs. |
| **Maximize the existing workforce to ensure team-based, patient-centered care** | Policies and education support providers offering care at the top of their license in remote settings.  
Community health workers are supported and integrated into community and clinical settings; and offer closed-loop referrals for clinical care, social support, and oral health education. |
| **Invest in the future workforce** | Future oral health workforce reflects and is equipped to meet the needs of the communities they serve.  
An adequate oral health pipeline of education-to-certification-to-employment exists. |
## Oral Health is a Critical Component of Overall Health

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| Increase utilization of dental and chronic disease prevention and management strategies that are patient-centered, holistic, and equity-based | Oral health providers use minimally invasive care (preventive and restorative) to prevent disease and slow early disease with minimal aerosol production.  
  - Oral health providers use fluoride varnish, dental sealants, and Silver Diamine Fluoride as effective preventive and restorative measures, decreasing future restorative needs.  
  - Oral health providers have access to education and digital training that promote utilization of caries risk assessments to provide a foundation for managing care that coaches patients to better oral health. |

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| Integrate oral health services, education, and referral across the health care system | Community-based care is accessible.  
  - State policies enable remote supervision hygienists to provide education, care, and appropriate referrals.  
  - Community health workers, home visitors, and other social support workers have the training and resources necessary to ensure oral health is valued and services accessed.  
  - Providers and social support workers provide a holistic care experience through coordinated care, integration, and closed-loop referrals.  
  - Health systems actively support oral health integration and care coordination with policies, staff education, and resource allocation.  
  - Clinic workflows enable the integration of services and interdisciplinary care.  
  - Clinics have expanded IT functions and software that supports and encourages data sharing (that includes all contributing factors to health, including race and zip code) to track and improve patient outcomes. |

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| Enable clinicians and frontline public health workers to address barriers to health and wellness related to social determinants of health and environmental issues | Providers and social support workers understand how racism, social determinants of health, and other environmental factors affect health outcomes; and policies and care reflect the knowledge.  
  - Providers and social support workers screen patients using standard social determinants of health screening tools and Z codes for tracking.  
  - Providers and social support workers utilize closed-loop referral systems to ensure patients and families receive the services they need that address all aspects of overall health.  
  - Providers share and use data to identify necessary workflow and system changes and to track and improve patient outcomes. |

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| Ensure payment and incentives value integrated, comprehensive care that focuses on prevention | Contract language and reimbursement incentives reflect the importance of integration and promote integrated care among providers and bi-directional communication among payers.  
  - Education and case management are reimbursable services, and social support workers assist in these services. |
## Data Informs Health Care Decision Making

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| Increase the use of data collection, sharing, and analysis to monitor and improve health | Patients are assessed for risk, and the data are used to track oral health progress and their care plan.  
Patients’ health-related social needs are assessed and met using standard social determinants of health measures.  
Clinics and community organizations understand what data to collect and how to collect it to show improved population health outcomes. |

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| Increase the use of consistent assessment tools and data sharing across sectors | Health systems and community-based organizations employ streamlined and non-burdensome tools for eligibility, check-in, and follow-up.  
• Community members and participants provide feedback and recommendations on the development of screening and assessment tools.  
• Patients understand how to access and complete online forms and televisits.  
• Data findings are shared with the community. |

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| Incorporate an equity lens across assessment, eligibility, and survey tools to support decision-making that is equitable and patient-centered | Health systems and community-based organizations collect assessment, eligibility and outcomes measures by social determinants of health (race, ethnicity, education, etc.).  
Data are analyzed by the social determinants of health and other demographic factors to identify disparities and equity concerns.  
Promising practices are utilized for implementing care models with an equity perspective. |

## Technology is Embraced to Meet People, Patients, and Providers Where They Are

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| Increase utilization of teledentistry for emergent care, consultations, and care coordination in clinical and community settings to increase engagement and trust with the public oral health system | Providers and patients understand how and have the tools and resources to utilize teledentistry services equitably.  
• All staff (clinical and non-clinical) are trained to use and discuss teledentistry and can navigate patient questions and concerns regarding policies and best practices.  
• Teledentistry is used in community settings to reach patients with limited technology and connectivity to offer flexibility.  
Remote supervision dental hygienists can provide care in remote settings to the top of their license and are supported by state regulations.  
Teledentistry is reimbursable beyond COVID-19 emergency.  
Additional services, such as periodic and comprehensive dental exams, are reimbursable through teledentistry. |

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| Identify and utilize technology to improve clinic efficiencies, promote data interoperability, increase patient/provider satisfaction, and utilization of services | Health systems use electronic forms to gather patient eligibility, health history, and increase/promote care-coordination to facilitate information transfer between providers and patients.  
Patients understand how to participate in information collection and teledentistry visits electronically.  
Forms and assessments are streamlined to maximize efficiency for patients and staff.  
Software supports social determinant screenings and closed-loop referral system tracking.  
Broadband access is sufficient to support community needs. |
Future of Public Oral Health in Virginia

Taskforce Members

Participating partners represent the following agencies and organizations

- Capital Area Health Network
- CrossOver Healthcare Ministry
- Delta Dental of Virginia
- DentaQuest
- Eastern Shore Rural Health System
- Eastern Virginia Medical School
- Germanna Community College
- Hampton Roads Community Health Center
- Kids Central, Inc.
- Lucy Corr Dental Clinic
- Mountain Empire Community College
- Neighborhood Health
- New Horizons Healthcare
- Richmond Memorial Health Foundation
- Thomas Nelson Community College
- VCU L. Douglas Wilder School of Government & Public Affairs
- VCU School of Dentistry
- Virginia Association of Free and Charitable Clinics
- Virginia Community Healthcare Association
- Virginia Dental Association
- Virginia Dental Hygienists’ Association
- Virginia Department of Health
- Virginia Department of Health
- Virginia Department of Medical Assistance Services
- Virginia Department of Social Services
- Virginia Head Start Association
- Virginia Health Care Foundation
- Virginia Health Catalyst
- West End Orthodontics
- Williams Mullen

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For additional questions, contact Virginia Health Catalyst CEO Sarah Holland at sholland@vahealthcatalyst.org